



Completing the *One Stop Wellness Organizational Assessment*

Obtain management permission for conducting the assessment and enlist the help of others at your worksite in completing the assessment. The entire assessment will take approximately 30 minutes to complete. Before you begin:

- Read the entire document before starting the assessment.
- Take a walk through your worksite and speak with employees from various departments and levels.
- Make notes about the environment to see whether it supports or prohibits healthy behaviors.
- Answer each question to the best of your knowledge. Make sure that all team members agree on the answers.
- Enter all responses in the gray shaded areas. Please be sure to save a copy for your records. Upon completion, please forward a copy of your assessment to the One Stop Wellnessteam team at contact@onestopwellness.org

Complete Section 1 below in order to capture demographic information that identifies your worksite's population. If you choose to skip this section, please proceed to Section 2 of the assessment.

1. Contact Information

Company Name:

Address:

City/State:

Zip Code:

Contact Name:

Title:

Email address:

Phone:

2. Employee Characteristics (Optional)

2a. Number of Employees

<100

100-249

250-749

≥750

2b. Number of locations:

2c. Employees per location:

2d. Number of shifts:

2e. Number of off-site/remote employees:

2f. Gender:

% Female

% Male

2g. Average age:

2h. Racial/ethnic group

% Non-Hispanic White

% Non-Hispanic Black/African American

% Hispanic/Latino

% Asian/Asian American

% Native Hawaiian/Pacific Islander

% Other

2i. Work status:

% Full Time

% Part-time

2j. Job type:

% Salaried

% Hourly

% Union

% Non-union

Section 3: Leadership and Support	YES	NO
1. Does your company's mission and goals support a worksite wellness program?	<input type="checkbox"/>	<input type="checkbox"/>
2. If you have union representation, does union leadership support a worksite wellness program?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does your company have support from senior leadership, human resource managers and other department managers for a worksite wellness program?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does your company provide financial support for a worksite wellness program?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your leadership participate regularly in worksite wellness programs?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your leadership encourage employees to participate in worksite wellness programs and activities?	<input type="checkbox"/>	<input type="checkbox"/>

Section 4: Wellness Committee and Coordination	YES	NO
7. Does your company have a wellness committee? <i>If no, skip to question 12</i>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is your wellness committee representative of your workforce? <i>For example, the wellness committee is made up of at least one member from each area of your worksite, such as management, clerical, union/non-union and various shifts.</i>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the wellness committee have staff dedicated to manage the worksite wellness program? <i>For example, committed employee volunteers, paid staff member's job description, external vendor.</i>	<input type="checkbox"/>	<input type="checkbox"/>
10. Does your worksite wellness committee meet regularly throughout the year? <i>For example, monthly, bi-monthly or quarterly?</i>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has the worksite wellness committee developed a plan that addresses the purpose, duration, necessary resources, budget and expected outcomes of a worksite wellness program?	<input type="checkbox"/>	<input type="checkbox"/>
12. Does your company receive support and services for its worksite wellness program from any of the following sources? <i>Select all that apply.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Internal staff	<input type="checkbox"/>	<input type="checkbox"/>
Health plan(s)	<input type="checkbox"/>	<input type="checkbox"/>
External Wellness Vendor	<input type="checkbox"/>	<input type="checkbox"/>
Community resources <i>For example, American Cancer Society, local hospital, etc.</i>	<input type="checkbox"/>	<input type="checkbox"/>

Section 5: Policies and Environmental Support	YES	NO
13. Does your company have a written policy or formal communication oriented toward any of the following: <i>Select all that apply.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco-free environment, including all areas of the property	<input type="checkbox"/>	<input type="checkbox"/>
Healthy food options in company vending machines	<input type="checkbox"/>	<input type="checkbox"/>
Healthy food options provided by onsite cafeterias	<input type="checkbox"/>	<input type="checkbox"/>
Healthy food options at company meetings/functions	<input type="checkbox"/>	<input type="checkbox"/>
14. Does your company have a written policy or formal communication regarding offering worksite wellness programs during company time?	<input type="checkbox"/>	<input type="checkbox"/>
15. Does your company provide supports for any of the following:	<input type="checkbox"/>	<input type="checkbox"/>
Accessible kitchen equipment for food storage and preparation <i>For example, refrigerators, microwaves, etc.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Well-lit and accessible stairwells <i>For example, the policy or formal communication makes stairwells safe and accessible for employees and promotes their use as a way to support physical activity at the worksite.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Lactation rooms (or private areas) for breastfeeding use	<input type="checkbox"/>	<input type="checkbox"/>
Mental health and stress management resources <i>For example, Employee Assistance Program, Insurance carrier resources, local resources, etc.</i>	<input type="checkbox"/>	<input type="checkbox"/>

Section 6: Communication	YES	NO
16. Does your company use any of the following methods to communicate worksite wellness information to its employees? <i>Select all that apply.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Paycheck stuffers	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>
Direct mailing	<input type="checkbox"/>	<input type="checkbox"/>
Flyers	<input type="checkbox"/>	<input type="checkbox"/>
Bulletin board	<input type="checkbox"/>	<input type="checkbox"/>
Company Intranet	<input type="checkbox"/>	<input type="checkbox"/>
17. Does your company communicate wellness program information on a regular basis? <i>For example, employee interest survey results, program offerings, length of programs, incentive, eligibility and confidentiality.</i>	<input type="checkbox"/>	<input type="checkbox"/>
18. Does your worksite inform new employees during orientation about worksite wellness programs or classes offered?	<input type="checkbox"/>	<input type="checkbox"/>
19. Does your company provide worksite wellness program information at open enrollment meetings? <i>For example, open enrollment is used as an opportunity to communicate company's position regarding worksite wellness programs and offerings available to all employees.</i>	<input type="checkbox"/>	<input type="checkbox"/>

Section 7: Wellness Offerings	YES	NO
20. In the last 12 months, has your company offered a health risk assessment?	<input type="checkbox"/>	<input type="checkbox"/>
21. In the last 12 months, has your company provided education and Resources on healthy living? <i>For example, education and resources can include in-person or online, onsite staff, in-group or individual programs coordinated through vendors, health insurance, community groups or others.</i>	<input type="checkbox"/>	<input type="checkbox"/>
22. In the last 12 months, has your company offered an onsite screening for any of the following: <i>Select all that apply.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>
Blood sugar	<input type="checkbox"/>	<input type="checkbox"/>
Body Mass Index (BMI)	<input type="checkbox"/>	<input type="checkbox"/>
23. Does your company offer wellness programs to any of the following? <i>Select all that apply.</i>	<input type="checkbox"/>	<input type="checkbox"/>
All shifts	<input type="checkbox"/>	<input type="checkbox"/>
Spouses / domestic partners	<input type="checkbox"/>	<input type="checkbox"/>

Section 8: Incentives	YES	NO
24. Does your company have an incentive program in place in order to increase participation, engagement and compliance? <i>For example, water bottles, pedometers, gift cards, monetary rewards, health insurance discounts or health savings account contributions. Incentives will vary based on budgets and program goals and may be built into the benefit design.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Section 9: Assessment and Evaluation	YES	NO
25. Does your company offer an annual interest survey to employees as a way to plan future wellness programs?	<input type="checkbox"/>	<input type="checkbox"/>
26. Does your company use health risk assessments and health screenings as tools for planning wellness programs?	<input type="checkbox"/>	<input type="checkbox"/>
27. Does your company have an evaluation process in place to measure its worksite wellness program? <i>For example, evaluation may consist of participant counts per campaign, participant satisfaction, improvements in knowledge attitudes and behaviors.</i>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for completing the assessment.

Please submit your assessment to your program coordinator or email it back to us at contact@onestopwellness.org